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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 03 0 1 2009 03 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Gail Clarkson Type or Print Name of Treasurer Electronically Filed by Ms. Gail Clarkson 04 20 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Health Care Association Political Action Committee [®] D D 03 0 1 2009 0.3 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 121831.57 January 1 (b) Cash on Hand at 198161.41 Begining of Reporting Period 80878.90 254177.90 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 279040.31 376009.47 6(a) and 6(c) for Column B) 109384.93 206354.09 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 169655.38 169655.38 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

0 1 3^D1 М М М М 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 232714.09 75539.09 (i) Itemized (use Schedule A) 5339.81 18463.81 (ii) Unitemized (iii) TOTAL (add 80878.90 251177.90 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 3000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 80878.90 254177.90 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 80878.90 254177.90 12, 13, 14, 15, 16, 17, and 18(c))

80878.90

254177.90

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:(a) Shared Federal/Non-Fede	al	
Activity (from Schedule H4	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share		0.00
(b) Other Federal Operating	1384.93	3734.09
Expenditures(c) Total Operating Expenditu		0704.00
(add 21(a)(i), (a)(ii) and (b		3734.09
2. Transfers to Affiliated/Other Pa		0.00
Committees		0.00
Federal Candidates/Committee and Other Political Committees	108000.00	202620.00
Independent Expenditure	0.00	0.00
(use Schedule E)		0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use ochedule i)		
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)		0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and	0.00	0.00
(add Lines 20(a), (b), and	9))	
Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S	C 431(20))	
(a) Shared Federal Election A	tivity	
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share		0.00
(b) Federal Election Activity Pa With Federal Funds	0.00	0.00
(c) Total Federal Election Activ	2. /	
Lines 30(a)(i), 30(a)(ii) an	0.00	0.00
. Total Disbursements (add Line	21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 ar	d 30(c)) 109384.93	206354.09
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line		20205 1 22
from Line 31)	109384.93	206354.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	80878.90	254177.90
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	80878.90	254177.90
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1384.93	3734.09
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1384.93	3734.09

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Pole		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steve Ackerson Mailing Address 6750 Westown Pkwy Ste 100 City West Des Moines FEC ID number of contributing federal political committee. Name of Employer lowa Health Care Assn. Receipt For: Primary General Other (specify)	State Zip Code IA 50266-7716 C Occupation Executive Director Aggregate Year-to-Date 2000.00	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gary D Anderson Mailing Address 6618 McMakin Court City Colleyville FEC ID number of contributing federal political committee. Name of Employer Preferred Care Partners Management Gro Receipt For: Primary General Other (specify)	State Zip Code TX 76034-5752 C Occupation President/Management Company Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Cecil Barcelo Mailing Address 411 Alabama Ave City League City FEC ID number of contributing federal political committee. Name of Employer Baywind Village Receipt For: Primary General Other (specify)	State Zip Code TX 77573-2615 C Occupation Administrator Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· ······	2250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may ne name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association Po	olitical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Harry Baum			Date of Receipt
	Mailing Address 8300 NW Eastside D			03 / 24 / 2009
	City Weatherby Lake	State MO	Zip Code	Transaction ID: C691342
	Weatherby Lake FEC ID number of contributing federal political committee.	C	64152	Amount of Each Receipt this Period 100.00
	Name of Employer Sharon Lake Nursing Home	Occupation Owner	l	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
— В.	Full Name (Last, First, Middle Initial) Harry Baum			Date of Receipt
	Mailing Address 8300 NW Eastside D	rive		03 24 2009
	City	State	Zip Code	Transaction ID: C691345
	Weatherby Lake	MO	64152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Sharon Lake Nursing Home	Occupation Owner	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
_ C.	Full Name (Last, First, Middle Initial) Angie Burgess			Date of Receipt
	Mailing Address Nexion Health 1606 Memorial Avenu			03 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mount Pleasant	State TX	Zip Code 75455	Transaction ID: C689346
	FEC ID number of contributing federal political committee.	C	70400	Amount of Each Receipt this Period 500.00
	Name of Employer Mt. Pleasant Healthcare Center	Occupation Information	on Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Г		1		1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 39 (check only one)	
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	y not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Health Care Association		• •		
Full Name (Last, First, Middle Initial) Jill Capela			Date of Receipt	
Mailing Address 1101 S. Capital of Bldg. G	TX Hwy		03 23 2009	
City	State	Zip Code	Transaction ID: C691007	
Austin FEC ID number of contributing federal political committee.	C	78746	Amount of Each Receipt this Period 1250.00	
Name of Employer ONR Inc.	Occupatio CEO	n		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1250.00		
Full Name (Last, First, Middle Initial) Elizabeth Casey			Date of Receipt	
Mailing Address 3075 E Thousand (
City Westlake Village	State CA	Zip Code 91362-3402	Transaction ID: C698385 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	31002 0402	1250.00	
Name of Employer The Chase Group	Occupatio Partner	n		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00		
Full Name (Last, First, Middle Initial) Gregory Chambery			Date of Receipt	
Mailing Address 100 Daniel Drive			03 24 2009	
City	State NY	Zip Code	Transaction ID: C691341	
Webster FEC ID number of contributing federal political committee.	C	14580-2912	Amount of Each Receipt this Period	
Name of Employer Maplewood Nursing Home	Occupatio Administ			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00		
SUBTOTAL of Receipts This Page (optional	<u> </u>		2600.00	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 39 (check only one) X 11a 11b 11c 12 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association I	d Statements may not be sold or used by any persthe name and address of any political committee	son for the purpose of soliciting contributions
7 American Health Gare Association i	ontical Action Committee	
Full Name (Last, First, Middle Initial) Phil Chase Mailing Address 3075 E Thousand C	naka Rlvd	Date of Receipt
	ans bivu	03 27 2009
City	State Zip Code	Transaction ID: C698379
Thousand Oaks	CA 91362-3402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer The Chase Group	Occupation Nursing Home Consult	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Susan Chase		Date of Receipt
Mailing Address 5374 Long Shadow	Ct	03 27 2009
City	State Zip Code	Transaction ID: C698382
Westlake Village	CA 91362-5223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer The Chase Group	Occupation Partner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Robert M. Chur		Date of Receipt
Mailing Address Elderwood Senior C 7 Limestone Drive		03 / 05 / Y Y Y Y
City	State Zip Code	Transaction ID: C686007
Williamsville	NY 14221-7051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c	1250.00
Name of Employer Elderwood Affiliates Inc	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional	1	5000.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any persong the name and address of any political committee to a Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gail Clarkson Mailing Address 1387 Club Drive City Bloomfield Hills FEC ID number of contributing federal political committee. Name of Employer The Medilodge Group Receipt For: Primary General Other (specify)	State Zip Code MI 48302-0823 C Occupation Vice President Aggregate Year-to-Date 1250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 9 Transaction ID: C691253 Amount of Each Receipt this Period 1250.00
Full Name (Last, First, Middle Initial) Hap Cursey Mailing Address 531 Stevenson Ln City Towson FEC ID number of contributing federal political committee. Name of Employer Holly Hill Manor Receipt For: Primary General Other (specify)	State Zip Code MD 21286-7607 C Occupation Administrator Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tripp Francis Mailing Address 102 Woodchase F City Clinton FEC ID number of contributing federal political committee. Name of Employer Trinity Mission of Clinton LLC Receipt For: Primary General Other (specify)	State Zip Code MS 39056-4113 C Occupation Administrator Aggregate Year-to-Date 4000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	4750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 39 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	
American Health Care Association	n Political Action	Committee	
Full Name (Last, First, Middle Initial) Tripp Francis Mailing Address 102 Woodchase F	Park Drive		Date of Receipt
City Clinton	State MS	Zip Code 39056-4113	0 3 2 4 2 0 0 9 Transaction ID: C691349
FEC ID number of contributing federal political committee.	C	39030-4113	Amount of Each Receipt this Period 1500.00
Name of Employer Trinity Mission of Clinton LLC	Occupation Administr	rator	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) Susan Green			Date of Receipt
Mailing Address Heatherwood Reti 9642 Burke Lake I	Road		03 / 13 / 2009
City	•		Transaction ID: C687295
Burke VA		22015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Heatherwood Retirement Co- mmunity	Occupation Administr		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) David Hebert	,		Date of Receipt
Mailing Address 7605 Ridgecrest D	Orive		03 / 05 / Y Y Y Y Y Y Y
City Alexandria	State VA	Zip Code	Transaction ID: C686019
FEC ID number of contributing federal political committee.	C	22308-1049	Amount of Each Receipt this Period 38.47
Name of Employer AHCA	Occupation Senior Vi	n ce President of Advocacy	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 269.28	
SUBTOTAL of Receipts This Page (option	nal)		1788.47

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 39 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may not be sold or used by any perso g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Committee	
Full Name (Last, First, Middle Initial) David Hebert		Date of Receipt
Mailing Address 7605 Ridgecrest D		03 18 2009
City Alexandria	State Zip Code VA 22308-1049	Transaction ID: C689358
FEC ID number of contributing federal political committee.	VA 22308-1049	Amount of Each Receipt this Period 38.47
Name of Employer AHCA	Occupation Senior Vice President of Advocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 269.28	
Full Name (Last, First, Middle Initial) David Hebert	L	Date of Receipt
Mailing Address 7605 Ridgecrest D	rive	03 27 2009
City	State Zip Code	Transaction ID: C698392
Alexandria	VA 22308-1049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.47
Name of Employer AHCA	Occupation Senior Vice President of Advocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 269.28	
Full Name (Last, First, Middle Initial) Thomas E. Hill		Date of Receipt
Mailing Address 2901 Highway 82E		03 24 2009
City	State Zip Code	Transaction ID: C691347
Greenwood FEC ID number of contributing federal political committee.	MS 38930	Amount of Each Receipt this Period 500.00
Name of Employer Golden Age Nursing Home	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al) >	576.94

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/39 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers g the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Health Care Association Full Name (Last, First, Middle Initial)	Political Action Committee	
Joyce Humiston Mailing Address 448 N Main St		Date of Receipt 0 3
City <u>Mancos</u>	State Zip Code CO 81328-9039	Transaction ID: C686985 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer C&G Management	Occupation Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Terri Kern		Date of Receipt
Mailing Address PO Box 1140		03 13 2009
City	State Zip Code	Transaction ID: C687459
Sandia Park	NM 87047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Sun Healthcare Group, Inc.	Occupation SVP Corporate Communications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
Mailing Address 4621 28th Road So PAYROLL DEDUC		03 05 2009
City Arlington	State Zip Code VA 22206	Transaction ID: C686020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 276.92	
	al)	6039.56

SCHEDULE A (FEC Form 3X)

Any information copied from such Reports and or for commercial purposes, other than using t		13 14 15 16 1
NAME OF COMMITTEE (In Full) American Health Care Association P	Statements may not be sold or used by any personal he name and address of any political committee to control of the control of	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
PAYROLL DEDUCTI	ON	03 / 18 / 2009
City Arlington	State Zip Code VA 22206	Transaction ID: C689360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 276.92	
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
Mailing Address 4621 28th Road Sou PAYROLL DEDUCTI		03 27 2009
City	State Zip Code	Transaction ID: C698399
Arlington FEC ID number of contributing federal political committee.	VA 22206	Amount of Each Receipt this Period 39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 276.92	
Full Name (Last, First, Middle Initial) William Levering		Date of Receipt
Mailing Address 201 North Main Stree	et	03 30 2009
City	State Zip Code	Transaction ID: C705278
Mount Vernon FEC ID number of contributing federal political committee.	OH 43050	Amount of Each Receipt this Period 2000.00
Name of Employer Levering Management Inc.	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		2079.12

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 15 / 39 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	n Political Action	Committee	
/ Full Name (Last, First, Middle Initial) Richard Loucks			Date of Receipt
Mailing Address 800 Saguaro Trl			0 3 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: C691353
<u>Farmington</u>	NM	87401-9632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer C&G Health Care Management Inc.	Occupatio Health C	n are Admin.	
Receipt For:		e Year-to-Date V	
Primary General Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial) Terry Mace			Date of Receipt
Mailing Address 609 Highline Drive	;		03 / 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C686868
East Wenatchee	WA	98802-5603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Triple C Healthcare Servi- ces	Occupatio Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Christian Mason			Date of Receipt
Mailing Address 9375 SW Commer Suite A1	rce Circle		03 / 10 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C686865
Wilsonville	OR	97070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Vigilan, Inc.	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (option	nal)		6250.00

TOTAL This Period (last page this line number only)

ΙΠ	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS ny information copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 16 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
O	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Poli	name and add	dress of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Nicolette Merino			Date of Receipt
	Mailing Address 7600 NE 41st Street Suite 330			03 10 2009
	City	State	Zip Code	Transaction ID: C686866
	Vancouver FEC ID number of contributing federal political committee.	C	98662	Amount of Each Receipt this Period 500.00
	Name of Employer LifeStyles, LLC	Occupation Informati	n ion Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Rick Miller			Date of Receipt
	Mailing Address 25117 SW Parkway Sto	e. F		03 26 2009
	City Wilsonville	State OR	Zip Code 97070	Transaction ID: C692054 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Avamere Health Services	Occupation Owner/C		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	
_ С.	Full Name (Last, First, Middle Initial) Paula Mitchell			Date of Receipt
	Mailing Address 1100 Monroe			$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$
	City	State	Zip Code	Transaction ID: C684859
	Globe FEC ID number of contributing federal political committee.	C	85501	Amount of Each Receipt this Period 1000.00
	Name of Employer Copper Mountain Inn	Occupation Administ		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 17 / 39 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association I	the name and address of	any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roberts Nelson Mailing Address 3075 E Thousand C	aks Blvd		Date of Receipt
City Westlake Village FEC ID number of contributing		Code 362-3402	0 3 2 7 2 0 0 9 Transaction ID: C698381 Amount of Each Receipt this Period 1250.00
Name of Employer The Chase Group Receipt For: Primary Other (specify)	Occupation Partner Aggregate Year-to	-Date ▼ 1250.00]
Full Name (Last, First, Middle Initial) Joe Perkin Mailing Address 20641 West 220th S	Street		Date of Receipt 0 3 0 4 2 0 0 9
City Spring Hill FEC ID number of contributing federal political committee.		0 Code 083	Transaction ID: C684860 Amount of Each Receipt this Period 250.00
Name of Employer Midwest Health Management Receipt For: Primary General Other (specify) ▼	Occupation Vice President of Aggregate Year-to	•	
Full Name (Last, First, Middle Initial) Daniel Richardson Mailing Address Latta Road Nurshing	g Home		Date of Receipt
2100 Latta Road City Rochester FEC ID number of contributing federal political committee.		Code 612-3728	Transaction ID: C691340 Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested Receipt For: Primary General	Occupation Information Rec Aggregate Year-to	•	
Other (specify)	0 0 0	2000.00	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 39 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel Richardson Mailing Address Latta Road Nurshin	na Home		Date of Receipt
2100 Latta Road City Rochester FEC ID number of contributing	State NY	Zip Code 14612-3728	Transaction ID: C698377 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify)	Occupation Informati	on Requested Year-to-Date 2000.00]
Full Name (Last, First, Middle Initial) Angelo S. Rotella Mailing Address Friendly Home 303 Rhodes Avenue	e State	Zip Code	Date of Receipt M
Woonsocket FEC ID number of contributing federal political committee. Name of Employer Friendly Home Inc Receipt For: Primary General	C Occupation Presiden Aggregate		Amount of Each Receipt this Period 2500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dion Sena Mailing Address 1301 NE 104th Streen	eet	2500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Miami Shores FEC ID number of contributing federal political committee.	State FL	Zip Code 33138-2661	Transaction ID: C687649 Amount of Each Receipt this Period 5000.00
Name of Employer Mandarin Health Group, LLC Receipt For: Primary General Other (specify) ▼	Occupation Owner Aggregate	Year-to-Date ▼ 5000.00]
SUBTOTAL of Receipts This Page (optional	l)(ls		8500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 39 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barbara Shepard Mailing Address 210 Jolie Way			Date of Receipt
City Mena FEC ID number of contributing	State AR	Zip Code 71953	Transaction ID: C691352 Amount of Each Receipt this Period
name of Employer Information Requested		on Requested	230.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Michael Shepard Mailing Address 6810 South Hazel S	Street		Date of Receipt 0 3 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: C687654
Pine Bluff	AR	71603-7828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Garden Point - Davis Life Care	Occupation Presiden	t	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) John Stassi	•		Date of Receipt
Mailing Address CommCare Corpor 601 Poydras Street			03 18 2009
City New Orleans	State LA	Zip Code 70130	Transaction ID: C689173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	1000.00
Name of Employer CommCare Corporation 2	Occupation Informati	n on Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional			2480.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the Collection of the Colle
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Health Care Association	g the name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jan Thayer		Date of Receipt
Mailing Address 404 Woodland Dri		03 / 02 / 2009
City Grand Island	State Zip Code NE 68801	Transaction ID: C686247
FEC ID number of contributing federal political committee.	C 60001	Amount of Each Receipt this Period 1250.00
Name of Employer Excel Development Group	Occupation Chair/CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) William H. Thompson	I	Date of Receipt
Mailing Address 2744 West Gerald	Ford Drive	03 16 2009
City	State Zip Code	Transaction ID: C687648
Cordova	TN 38016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Covenant Dove	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial)		Date of Receipt
Travis Tomlinson Mailing Address 513 East Whitake	Mill Road	0 3 2 4 2 0 0 9
City	State Zip Code	Transaction ID: C691361
Raleigh	NC 27608-2633	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Mayview Conv Home Inc	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	600.00
SUBTOTAL of Receipts This Page (option	al)	2850.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 39 (check only one) X
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Kathy Weiner			Date of Receipt
	Mailing Address 1217 Nonchalant Dr	Ctata	Zip Code	03 27 2009
	City <u>S</u> imi Valley	State CA	93065-5717	Transaction ID: C698380 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Total Rehab Care	Occupation Owner	on	
	Receipt For:		e Year-to-Date	
	Primary General Other (specify) ▼		1250.00	
В.	Full Name (Last, First, Middle Initial) Ted Weiner			Date of Receipt
	Mailing Address 1217 Nonchalant Dr			03 / 27 / 2009
	City	State	Zip Code	Transaction ID: C698383
	Simi Valley	CA	93065-5717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Total Rehab Care	Occupation CEO	on	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2500.00	
с. С.	Full Name (Last, First, Middle Initial) Joey Wiggins			Date of Receipt
	Mailing Address ConvaCare Managem 2908 Hawkins Drive			03 / 10 / 2009
	City	State	Zip Code	Transaction ID: C686871
	Searcy	AR	72143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4775.00
	Name of Employer Convacare Management, Inc.	Occupation Presiden	t	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		4775.00	
	SUBTOTAL of Receipts This Page (optional) .			8525.00
F	TOTAL This Period (last page this line numbe			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
1	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Health Care Association Polit	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Cathy Williams Mailing Address 826 W Desmond St			Date of Receipt
				03 24 2009
	City Winslow	State AZ	Zip Code	Transaction ID: C691360
	FEC ID number of contributing federal political committee.	C	86047-2321	Amount of Each Receipt this Period 1000.00
	Name of Employer Winslow Campus of Care	Occupatio COO	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Mark Woolpert			Date of Receipt
	Mailing Address 200 S 13th St Ste 205			03 / 05 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	City	State	Zip Code	Transaction ID: C686010
	Grover Beach FEC ID number of contributing federal political committee.	CA	93433-2263	Amount of Each Receipt this Period 5000.00
	Name of Employer Compass Health Care	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
с. С.	Full Name (Last, First, Middle Initial) Frank Wronski			Date of Receipt
	Mailing Address 64500 Van Dyke Road			03 24 2009
	City	State	Zip Code	Transaction ID: C691184
	Washington	MI	48095-2583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	Name of Employer Medilodge Group	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional))	11000.00
Γ				

TOTAL This Period (last page this line number only)

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 23/39 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Matt Yarwood Mailing Address 247 Joaquin Dr 03 10 2009 City State Zip Code Transaction ID: C686864 Danville CA 94526-3058 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Vintage Estates - Hayward Occupation Administrator Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line number only)	•	75539.09

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 24/39 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D84176 **BB & T CREDIT CARD** Date of Disbursement 3 1 0 3 2009 Mailing Address 2200 Wilson Blvd Ste 200 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201-3324 1009.36 Purpose of Disbursement CC Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D84175 BB & T Date of Disbursement 3 1 0 3 2009 Mailing Address PO Box 819 **Operations Center** City State Zip Code Amount of Each Disbursement this Period 27894-0819 Wilson NC 375.57 Purpose of Disbursement Bank Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	1384.93
TOTAL This Period (last page this line number only)	•	1384.93

Other (specify)

State:

SCHEDULE B (FEC FORM 3X)	Use separate sched	ule(s) (chook onl	NUMBER: PAGE 25 / 39 y one)			
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary P	the 21b 27	22 X 23 24 25 28a 28b 28c 29			
Any Information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Health Care Association Politic	me and address of any po					
Full Name (Last, First, Middle Initial) BRIDGE PAC Mailing Address 499 S Capitol St SW Ste 412			Transaction ID: D82999 Date of Disbursement M M M / D 2 5 / Y 2 0 0 9			
City Washington Purpose of Disbursement	State Zip Code DC 20003-4		Amount of Each Disbursement this Period 5000.00			
Contributions to Federal PACs/ Committees Candidate Name BRIDGE PAC	sement For: 2010	Category/ Type				
Senate President State: District:	Primary X Ger Other (specify)					
Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Co	mmittee		Transaction ID: D83477 Date of Disbursement M M M / D B D / Y Y Y O Y O Y O O O O O O O O O O O O			
Mailing Address 430 S Capitol St SE City	State Zip Code		Amount of Each Disbursement this Perio			
Washington Purpose of Disbursement Contributions to Federal PACs/ Committees Candidate Name Democratic Congressional Campaign Co	DC 20003-4	Category/ Type	15000.00			
Office Sought: House Senate President State: District:	sement For: 2010 Primary X Ger Other (specify) ▼					
Full Name (Last, First, Middle Initial) Grassley Committee Inc.			Transaction ID: D82837 Date of Disbursement			
Mailing Address 5327 Holmes Run Pkw	у		03 19 7 2009			
City Alexandria	State Zip Code VA 22304-2		Amount of Each Disbursement this Perio			
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Charles E. Grassley		Category/ Type	2000.00			
	sement For: 2010 X Primary Ger Other (specify))				
SUBTOTAL of Disbursements This Page (optional)	<u></u>	22000.00			
TOTAL This Period (last page this line number onle6AN026	y))	FEC Schedule B (Form 3X) (Revised			

EMIZED DISBURSEMENTS	, US	Use separate schedule(s)		E NUMBER: PAGE 26 / 39 ily one)			
TEMIZED DISBURSE	De	each category of that iled Summary Pa	ge 21b	22 X 23 24 25 28a 28b 28c 29			
	than using the name and	address of any poli		on for the purpose of soliciting contribution solicit contributions from such committee			
Full Name (Last, First, Middle I							
TEDISCO FOR CONGRE	,			Transaction ID: D83002 Date of Disbursement 0 3	Y Y		
Mailing Address 1707 RT	9			03 / 25 / 200	9		
City Clifton Park	State NY	Zip Code 12065		Amount of Each Disbursement thi			
Purpose of Disbursement Contributions to Federal Candi	dates			2000	.00		
Candidate Name TEDISCO FOR CONGRE	SS INC		Category/ Type				
Office Sought: House Senate Preside			ral				
State: District: Full Name (Last, First, Middle I	Special			P. DOOFGO			
LONGLEAF PINE PAC				Transaction ID: D82503 Date of Disbursement			
Mailing Address 703 GRI SUITE 2	EEN VALLEY ROAD		03 / 05 / 200	Ď 9 Ť			
City Greensboro	State NC	Zip Code 27408		Amount of Each Disbursement thi	s Peric		
Purpose of Disbursement Contributions to Federal PACs.	Committees		5000	.00			
Candidate Name LONGLEAF PINE PAC		Category/ Type					
Office Sought: House Senate Preside	Disbursement Prim		ral				
State: District: Full Name (Last, First, Middle I	nitial)			Transaction ID: D83063			
KENDRICK MEEK FOR FLORIDA				Date of Disbursement	YYY		
Mailing Address 111 NW SUITE 3	183RD STREET 25		03 / 26 / 200	0 9			
City Miami	State FL	Zip Code 33169		Amount of Each Disbursement thi			
Purpose of Disbursement Contributions to Federal Candidates				2500	.00		
Candidate Name KENDRICK MEEK FOR F	LORIDA		Category/ Type				
Office Sought: House Senate Preside	Disbursement X Prim		ral				
State: District:							

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		CK only o	E NUMBER: PAGE 27 / 39					
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 28a	23 28b	24 28c	-	25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the nar									
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) American Health Care Association Politic	•								
<u> </u>	Full Name (Last, First, Middle Initial) National Republican Congressional Com	nittee			Transact Date of D			72		
	Mailing Address 320 1st St SE				0 ^M 3 ^M	/ 1	^D /	ž	o ŏ 9	Y
	City Washington	State Zip Code DC 20003-1838	3		Amount o	of Each	Disburs			-
	Purpose of Disbursement Contributions to Federal PACs/ Committees					-		150	00.00	_
	Candidate Name National Republican Congressional Com		Catego Type	-						
	Office Sought: House Disburs Senate President State: District:	ement For: 2009 Primary X General Other (specify)								
	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	e			Transact Date of D	isburse	ement	000		
	Mailing Address 425 2nd St NE			0 3 M	[/] 2	5 /	y y 2	0 ŏ 9	Y	
	City Washington	State Zip Code DC 20002-4914	ļ.		Amount o	of Each	Disburs			-
	Purpose of Disbursement Contributions to Federal PACs/ Committees							150	00.00	
	Candidate Name National Republican Senatorial Committee	е	Catego Type	-						
	Office Sought: House Disburs	ement For: 2010 Primary X General Other (specify)	•							
	Full Name (Last, First, Middle Initial) NEBRASKA LEADERSHIP PAC				Transact Date of D	isburse	ement			
	Mailing Address P.O. Box 3325				0 ^M 3 ^M	/ 1	9 /	Ý Ž	0 0 9	Y
	City Omaha	State Zip Code NE 68103			Amount o	of Each	Disburs	-		-
	Purpose of Disbursement Contributions to Federal PACs/ Committees				<u></u>			50	00.00	
	Candidate Name NEBRASKA LEADERSHIP PAC		Catego Type							
	Office Sought: House Disburs Senate	ement For: 2010 Primary X General								
	President State: District:	Other (specify)								

50	CHEDULE B (FEC Form 3	X) Use sep	arate schedule(s)	_	NUMBER: PAGE 28 / 39
IT	EMIZED DISBURSEMENT	for each	category of the Summary Page	21b	22 X 23 24 25
				27	28a 28b 28c 29
	y Information copied from such Reports a for commercial purposes, other than using				
\setminus	NAME OF COMMITTEE (In Full)				
/	American Health Care Association	Political Action C	committee		
	Full Name (Last, First, Middle Initial)				Transaction ID: D82839
	ORRINPAC F.K.A. CAMPAIGN FO	OR AMERICAS FL	JTURE		Date of Disbursement
	Mailing Address 175 S. WEST TE	EMPLE SUITE 650)		0 3 1 9 / 2009
	City SALT LAKE CITY	State UT	Zip Code 84101		Amount of Each Disbursement this Period
	Purpose of Disbursement			• •	5000.00
	Contributions to Federal PACs/ Committee Candidate Name	ees		Category/	
	ORRINPAC F.K.A. CAMPAIGN FO	OR AMERICAS FL	JTURE	Type	
	Office Sought: House Senate	Disbursement For: Primary	2010 X General		
	President	Other (spe			
	State: District:				
	Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS				Transaction ID: D82670 Date of Disbursement
					03 / 12 / 2009
	Mailing Address 817 Ninth Avenu P.O. Box 156	е		03 12 2009	
	City Menominee	State MI	Zip Code 49858		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	1411	10000		1000.00
	Candidate Name Rep. Bart Stupak			Category/ Type	
	Office Sought: X House	Disbursement For:	2010		
	Senate President	X Primary Other (spe	General		
	State: MI District: 01		Jo., J , ▼		
	Full Name (Last, First, Middle Initial) BOB ETHERIDGE FOR CONGRE	SS COMMITTEE			Transaction ID: D82997 Date of Disbursement
	Mailing Address POST OFFICE E	3OX 28001			$ \begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 5 \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} 1 & 2 & 0 & 0 & 9 \\ 2 & 0 & 0 & 9 \end{bmatrix} $
	City RALEIGH	State NC	Zip Code 27611		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates				1000.00
	Candidate Name Rep. Bob Etheridge			Category/ Type	
	Office Sought: X House	Disbursement For:	2010	71	
	Senate President	X Primary Other (spe	General		
	State: NC District: 02	Cities (spe	oony) ▼		
					·
	UBTOTAL of Disbursements This Page (7000.00

	CHEDULE B (FEC FOIII	•		arate schedule(s)			R LINE	E NUMBE lv one)	:R:		L	PAGE	29 / 3	39
	EMIZED DISBURSEMEN		Detailed	category of the Summary Page			21b 27	22 28a	X	23 28b	24 28	3c	25 29	
	y Information copied from such Reports for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Health Care Associati	ing the name	and addre	ss of any political										3
_														
	Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPA	GN COMM	IITTEE IN	IC				1	of Di	sburs	: D82 ement		2 0 ŏ 9	Υ
	Mailing Address PO Box 549							0.3			2	2	2009)
	City Napoleonville		State LA	Zip Code 70390				Amo	unt of	Each	Disbu			_
	Purpose of Disbursement Contributions to Federal Candidates					•						10	00.00	J
	Candidate Name Rep. Charlie Melancon					ateg Typ								
	Office Sought: X House Senate President State: LA District: 03	Disburse	ment For: Primary Other (spe	2010 General										
	Full Name (Last, First, Middle Initial)							Tran	sa oti	on ID	 : D82	0011		
	CHRIS LEE FOR CONGRESS									-	ement	.044		
	Mailing Address PO Box 15395				0 ^M 3	M /	D 1	9 /	YZ	ó o ŏ s	Y			
	City Rochester		State NY	Zip Code 14615				Amo	unt of	Each	Disbu			_
	Purpose of Disbursement Contributions to Federal Candidates							<u>L</u> .				10	00.00)
	Candidate Name Rep. Christopher J. Lee					ateg Typ	-							
	Office Sought: X House Senate President State: NY District: 26	Disburse	ment For: Primary Other (spe	2010 General		- 712								
_	Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE C	BEY						Date	of Di	sburs	: D82 ement	996		
	Mailing Address 932 Ross Ave							0 ^M 3	M /	D 2	25	YZ	2 0 ŏ 9) Y
	City WAUSAU		State WI	Zip Code 54403-6721				Amo	unt of	Each	Disbu			
	Purpose of Disbursement Contributions to Federal Candidates							L.	•	•		10	00.00	J
	Candidate Name Rep. David R. Obey					ateg Typ								
	Office Sought: X House Senate	Disburse	ment For: Primary Other (spe	2010 General										
	President													
	State: WI District: 07													

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NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS Mailing Address 84-56 Grand Avenue City State Zip Code NY 11373 Purpose of Disbursement Contributions to Federal Candidates Calegory' Type City State NY District: 07 Full Name (Last, First, Middle Initial) KENDRICK MEEK CAMPAIGN FOR CONGRESS Mailing Address 111 NW 183rd Street City Miami FL Jistrict: 17 Full Name (Last, First, Middle Initial) KENDRICK MEEK CAMPAIGN FOR CONGRESS Mailing Address 111 NW 183rd Street City Senate President State: FL District: 17 Full Name (Last, First, Middle Initial) KENDRICK MEEK CAMPAIGN FOR CONGRESS Mailing Address 111 NW 183rd Street City Miami FL 33169 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Kendrick B. Meek Office Sought: X House Senate President State Zip Code Fl Amount of Each Disbursement Tor: 2010 X Primary General Candidates Category' Type Transaction ID: D82867 Date of Disbursement Disbursement Tor: 2010 X Primary General Candidates Category' Type Transaction ID: D82867 Date of Disbursement Tor: 2010 X Primary General Candidates Category' Type Transaction ID: D82867 Date of Disbursement Tor: 2010 X Primary General Candidates Category' Type Transaction ID: D83484 Date of Disbursement Tor: 2010 X Primary General Candidates Category' Type Transaction ID: D83484 Date of Disbursement N/ 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TEMIZED DISBURSEMENTS		21b	22 X 23 24 25
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Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS Mailing Address 213 Lisbon Street			Transaction ID: D83478 Date of Disbursement 0 3 0 7 2 0 0 9
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	City Boise	Si II	tate D	Zip Code 83704				Amo	unt o	Each	n Disbi	ursem	ent this	Period
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	NAME OF COMMITTEE (In Full) American Health Care Association Poli				
<u>v </u>	Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE	<u> </u>			Transaction ID: D82504 Date of Disbursement
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Health Care Association				
	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE Mailing Address 232 NE 9TH AVE	ENUE			Transaction ID: D83001 Date of Disbursement M 3 M / D 2 5 / Y 2 0 0 9
	City PORTLAND Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Ron Wyden	State OR	Zip Code 97232	Category/ Type	Amount of Each Disbursement this Period 5000.00
	Office Sought: House X Senate President State: OR District: 00	Disbursement For: X Primary Other (spe	2010 General ecify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
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